



FIVE SANDOVAL INDIAN PUEBLOS, INC.

ADULT WORK EXPERIENCE (WE)/ CLASSROOM TRAINING (CRT) APPLICATION

***All questions must be answered fully and accurately, or application will not be processed.**

1. NAME: (Last, First, Middle)	2. SOCIAL SECURITY NUMBER
3. DATE OF BIRTH	4. DATE OF APPLICATION
5. GENDER	6. PHONE NUMBER /EMAIL ADDRESS
<input type="checkbox"/> Female <input type="checkbox"/> Male	
7. Mailing Address: _____	
City: _____	State: _____
	Zip Code: _____
8. FAMILY STATUS	9. # OF CHILDREN UNDER 18
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other Family Member	
10. TRIBAL AFFILIATION:	
<input type="checkbox"/> COCHITI <input type="checkbox"/> JEMEZ <input type="checkbox"/> SANDIA <input type="checkbox"/> SANTA ANA <input type="checkbox"/> ZIA <input type="checkbox"/> SAN FELIPE	
11. ARE YOU A VETERAN?	12. CITIZENSHIP
<input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, dates of service: _____	<input type="checkbox"/> US Citizen <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Other
13. SELECTIVE SERVICE REGISTRANT STATUS: (Males Only)	
A. Are you between the age of 18 to 26? <input type="checkbox"/> YES <input type="checkbox"/> NO	
B. If Yes, have you registered as required by section of the Military Selective Act? <input type="checkbox"/> YES <input type="checkbox"/> NO	
14. LABOR STATUS	
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Not in Labor Force	
A. Are you seeking: <input type="checkbox"/> Full Time or <input type="checkbox"/> Part Time Employment?	
B. If unemployed, state last date employed: _____	
C. If seeking part time employment, how many hours are you willing to work? _____	
15. RECEIVING PUBLIC ASSISTANCE:	
<input type="checkbox"/> YES <input type="checkbox"/> NO AFDC/TANF <input type="checkbox"/> YES <input type="checkbox"/> NO SSI	
<input type="checkbox"/> YES <input type="checkbox"/> NO General Assistance <input type="checkbox"/> YES <input type="checkbox"/> NO Food Stamps / Commodities	
If yes to any of the above, complete the following: Start Date: _____	
Case Number: _____ Amount Receiving:\$ _____	

16. INDIVIDUAL WITH A DISABILITY

YES NO If yes, indicate disability: _____

17. LIST ALL FAMILY MEMBERS LIVING WITHIN YOUR HOUSEHOLD

Family Member (Last, First, Middle)	Age	Relationship	Source of Income (Name of Employer)
		Applicant	

18. PRIOR / WIOA PARTICIPATION

Have you ever participated in the Employment & Training Program before? YES NO If yes, complete the following:

Name of Organization	City	State	Program Activity (WE, CRT, OJT, CSE, SIS, SYEP, WIOA)	From	To

19. NEPOTISM/WAIVER INFORMATION

Does Applicant Have An Immediate Relative Employed/Enrolled in the WIOA Program?

Yes No (If Yes, complete the items below and initiate waiver process)

Employer Name: _____ Address: _____

20. EDUCATION

Type of School	Name & Location Of School	Highest Grade or Semesters Completed	Degree/GED or Cert./Diploma	Major
College/University				
Vo. Technical				
High School				
Other				

24. WORK HISTORY (Fill out accurately from most recent to past)

1. Company Name and Address	Date Employed
	From: _____ To: _____
Job Title	Name of Supervisor
Describe Duties	Reason for Leaving:
2. Company Name and Address	Date Employed
	From: _____ To: _____
Job Title	Name of Supervisor
Describe Duties	Reason for Leaving:
3. Company Name and Address	Date Employed
	From: _____ To: _____
Job Title	Name of Supervisor
Describe Duties	Reason for Leaving:

***CERTIFICATION STATEMENT* PLEASE READ CARRFULLY: I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I allow the release of this information for verification purposes and understand that it will be used to determine my eligibility.**

Applicant Signature	Date

APPLICANT STATEMENT

If applicant cannot obtain a satisfactory witness, proper documentation, or provide a telephone contact for verification of work within the last six months, explain reason below.

I HEREBY CERTIFY, UNDER PENALTY OF PURJURY, THAT I,

I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED, OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION AND/OR PENALTIES AS SPECIFIED BY LAW.

APPLICANTS SIGNATURE	DATE	CORROBORATING WITNESS SIGNATURE
MAILING ADDRESS		WITNESS RELATIONSHIP TO APPLICANT

OFFICE USE ONLY

THE ABOVE APPLICANT STATEMENT IS BEING UTILIZED FOR DOCUMENTATION OF THE FOLLOWING ELIGIBILITY CRITERIA:

SIGNATURE OF CERTIFYING OFFICIAL	DATE
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